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FC:1504	300.00 OP			L			(Dat	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
10/629,789 07/30/2003			Michel Galvin			0-1074	9408	
TITLE OF INVENTION: D	DEVICE FOR SPRAYING W	ATER IN THE FO	ORM OF A TI	HIN-WALLED HOLLO	W JET FOR THE	FORMATION	OF ARTIFICIAL SNOW	
-								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$	1000	11/29/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
HWU, DAVIS D		3752		239-461000				
1. Change of correspondence address or indication of "Fee Address" CFR 1.363). Change of correspondence address (or Change of Correspondence)			2. For print	ting on the patent front pa	age, list	YOUNG 8	THOMPSON	
			(1) the name	mes of up to 3 registered OR, alternatively,	patent attorneys	nt attorneys		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the nan	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or type)				
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute t	ear on the patent. If an for filing an assignment.	assignee is identifi	ed below, the	document has been filed	
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York Neige			Sainte	Luce Sur Loi	re, France	:	·	
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the pa	atent): 🗖 Individual	Corporation or	other private gr	roup entity Governme	
4a. The following fee(s) are	enclosed:	· 4b	Payment of	• •				
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Publication Fee (No small entity discount permitted) Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 25-0120 (enclose an extra copy of this form).					
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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			(if necessary) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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Authorized Signature	Benoît Ca	stel		Date _	Novemb	er 18, 2	2005	
Typed or printed name _	Benoit CASTEL	, #35,041		Regist	ration No#3	5,041		
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